

Anesthesia Consent Agreement for Geriatric Patients

Date: _____

Patient Name: _____

Date of Birth: _____

Procedure: _____

Consent for Anesthesia

I, the undersigned, hereby consent to receive anesthesia for the above-named procedure. I understand that anesthesia will be administered by a qualified anesthesia provider.

Risks and Benefits

The anesthesia provider has explained the risks, benefits, and alternatives of anesthesia to me. I understand that potential risks associated with anesthesia in geriatric patients can include but are not limited to:

- Cardiovascular complications
- Respiratory issues
- Postoperative confusion or delirium
- Allergic reactions

Patient Acknowledgment

I confirm that I have had the opportunity to ask questions and discuss any concerns regarding the anesthesia with the healthcare provider.

Patient Signature: _____ Date: _____

Guardian/Representative Signature (if applicable): _____ Date:

Provider Signature: _____ Date: _____